



*Thousands
participate in the
annual Labor
Day Bridge
Walk / Jog of the
5-mile long
Mackinac Bridge
which connects
Michigan's two
peninsulas*



Workers' Compensation Agency

2007 Annual Report

Jennifer M. Granholm, Governor
State of Michigan

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Department of Labor & Economic Growth

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Workers' Compensation Agency

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Overview

2007 marked the 95th anniversary of workers' compensation law in Michigan. Prior to the initial enactment in 1912, a worker who was injured in the course of his or her employment could sue his or her employer in a civil or "tort" action. This was the same remedy available to any person injured under other circumstances. The tort remedy, however, has certain problems. It requires the worker prove that the injury occurred because the employer was negligent. The employer could then assert one or more of three important defenses: (1) that the worker was also negligent, (2) that the worker knew of the dangers involved and "assumed the risk," or (3) that the injury occurred because of the negligence of a "fellow employee." Under this system it was very difficult for workers to recover against their employers. If they did win, however, they could receive damages similar to other civil actions.

In 1912 Michigan, along with most other states, adopted a Workmen's Compensation Act. The new remedy was essentially a "no-fault" system under which a worker no longer had to prove negligence on the part of the employer, and the employer's three indicated defenses were eliminated. The intent of the new law was to require an employer to compensate a worker for any injury suffered on the job, regardless of the existence of any fault or whose it might be.

Workers' compensation law became Michigan's first "tort reform" legislation. In exchange for the simplified burden of proof and elimination of the common law tort defenses indicated above, injured workers are now entitled only to (1) certain wage loss benefits, (2) medical treatment subject to cost containment rules, and (3) limited vocational rehabilitation services. Recovery under workers' compensation is limited to these three areas, no matter how serious the injury. There is no pain and suffering compensation. There are no jury trials. The cases are adjudicated before an appointed Board of Magistrates and the first level of appeal is to another appointed body, the Workers' Compensation Appellate Commission. Appeals to the Court of Appeals and Supreme Court are only by leave granted. Employers are protected from most other injury claims by employees since the benefits under the Workers' Disability Compensation Act are deemed to be the employee's "exclusive remedy."

Nearly all employers in Michigan are covered by workers' compensation. This includes both public and private employers. In fact, when talking about workers' compensation, it is easier to discuss the exceptions. There are a few classes of workers who are covered by federal laws and are not covered by the Workers' Disability Compensation Act of Michigan. Employees of the federal government (such as postal workers, employees at a veteran's administration hospital, or members of the armed forces) are covered by federal laws. People who work on interstate railroads are covered by the Federal Employers Liability Act. Seamen

on navigable waters are covered by the Merchant Marine Act of 1920, and people loading and unloading vessels are covered by the Longshoremen's and Harbor Workers' Compensation Act. Virtually all other workers and employers are subject to Michigan's law.

Certain very small employers are exempt. If a private employer has three or more employees at any one time, or employs one or more workers for 35 or more hours per week for 13 or more weeks, the employer is subject to the Workers' Disability Compensation Act (Section 115).

2007 Highlights

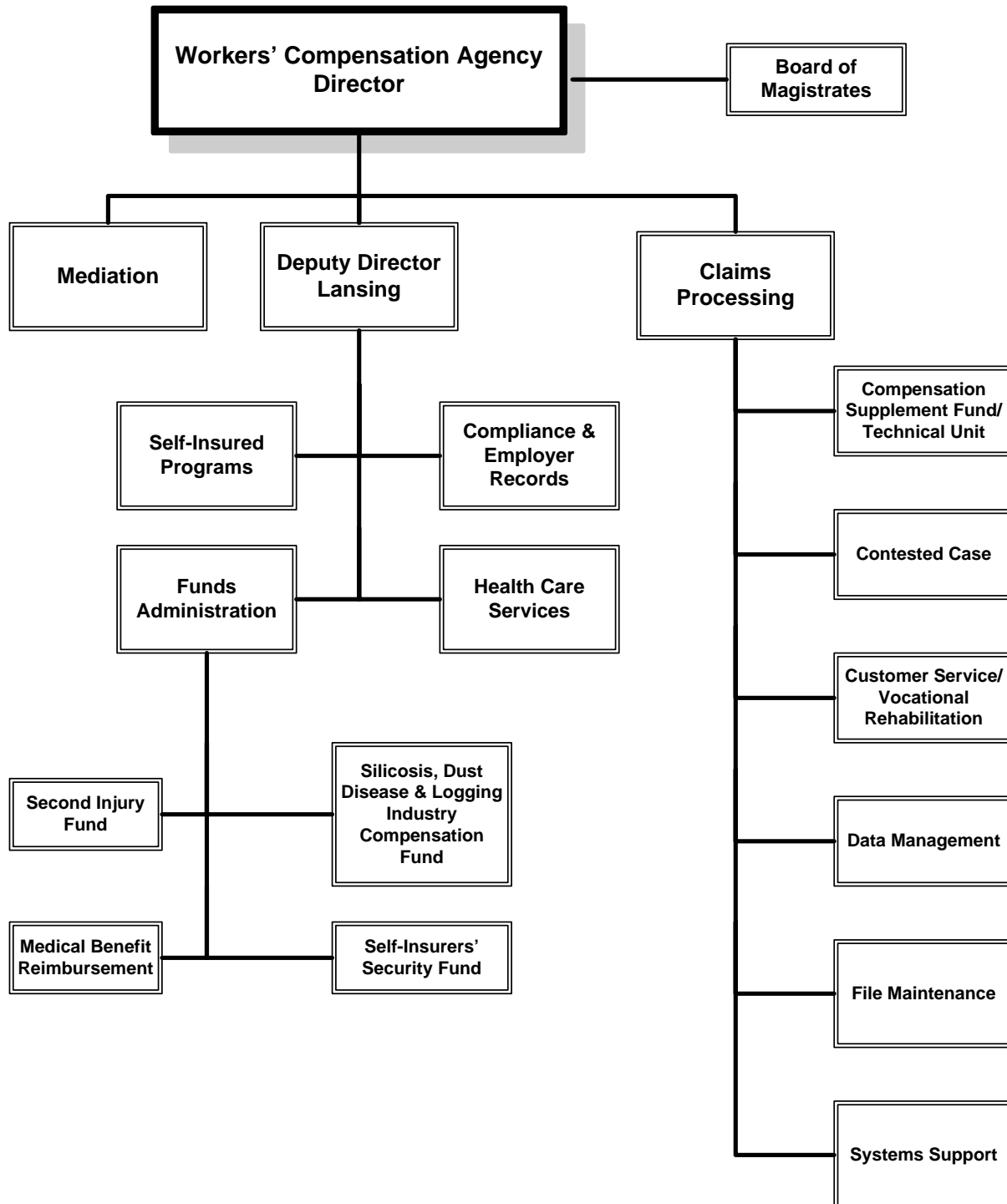
- ◆ The Lansing WCA offices moved back to their previous and permanent location at the General Office Building in September 2007. Also moving to the GOB was the Lansing hearings office and the Appellate Commission. This means that a majority of the agency functions are now located in one centralized location allowing for greater efficiency and functionality. Updated security devices within the renovated building offer improved and increased security for staff and agency documents. Improvements to the heating/cooling system and more energy efficient lighting have reduced overall energy costs for the agency and the State of Michigan. The new hearing office location is now customer friendly; providing free parking, easy access to handicapped parking, and a convenient first floor location for physically challenged and injured workers attending hearings.
- ◆ The rule promulgation process was completed on R418.56 commonly known as the “Subpoena Rule”. The primary change requires that all subpoenaed records be sent to the person who prepared the subpoena versus the previous method which required that all records be submitted to the Board of Magistrates. This change created efficiencies by significantly cutting down on the amount of paperwork that the agency is required to handle, and it also allows the parties to gain access to records earlier in the process.
- ◆ In April of 2005, our agency’s automated system suffered a massive data loss. This resulted in a backlog of approximately 17,000 compensation payment forms (WC-701) that could not be data entered until pertinent data was recovered on those claims. Once we finished work on all pending contested cases, we began the tedious work of recovering those non-contested claims for which there are no physical paper files. By the end of 2007, all backlogged claims forms had been entered. Work will continue on the remainder of the open paying claims throughout most of 2008.
- ◆ Five rehabilitation facilities were approved to provide vocational services to injured workers in Michigan, while five others were removed from the approved list.
- ◆ The Vocational Rehabilitation Provider Professional Disclosure Statement (Form WC-500) was mandated for use by all approved providers at the time of every case opening.
- ◆ The backlog of provider monthly reports was eliminated in 2007! All reports are now entered in the Agency database.
- ◆ Agency staff visited the majority of self-insurers groups during 2007. This included meeting with administrators and reviewing a sample of underwriting files. These meetings provided the group administrators the opportunity to ask questions and clarify issues with staff in an informal setting in their office. This also provided the Agency staff with the opportunity to review the record keeping, billing and office practices of the various groups. Many very positive comments were received by the Agency as the result of the office visits.

- ◆ During 2007, the Agency also had renewal group applications hand delivered with the required supporting documentation. This process was begun to facilitate quicker receipt of the applications and necessary renewal documents. As the result of this process, the delay in sending approval letters after applications and documentation was received was greatly reduced which is of benefit to both the group self-insured community and the Agency.
- ◆ The Health Care Services Rules were updated and effective on 4-2-2007. The updates included current publications for coding medical services. The rules also adopted the multiple procedure reduction for the payment of certain radiology services when 2 or more services from certain families of codes were performed. The reimbursement for the technical portion of the second procedure is reduced to 50% of the maximum allowable payment. Certain nuclear medicine procedures are also covered under this rule. The 2007 rule updates adopted a conversion factor of \$50.20, which is a 2% increase over 2006.
- ◆ The Health Care Services Division began notifying providers that in 2008 all providers of medical services will be required to obtain a national provider identifier (NPI) and use the number on all medical bills. Providers were instructed that if they currently have a NPI they may use it in 2007 but will be required to use it when the rules are updated in 2008.
- ◆ Two separate task forces were formed upon recommendation of the health care services advisory committee. The pharmacy reimbursement task force met during 2007 and made a recommendation to the advisory committee that the health care rules adopt a method reimbursing prescription drugs at average wholesale price (AWP) minus 10%. This recommendation was incorporated into rule language and went to public hearing in December 2007. This change is anticipated to occur late in the 1st quarter of 2008. The second task force, the Evidence Based Medicine task force looked at treatment guidelines based on evidence-based medicine. A recommendation was made to the advisory committee at the January 8, 2008 meeting that Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM) guidelines both be recommended. The committee is taking this under advisement with no decisions at this time.
- ◆ The Funds Administration has worked in conjunction with the Compliance and Employer Records division to collect fines from employers that have allowed their workers' compensation insurance coverage to lapse. In 2007, over \$630,000 was collected and paid into the workers' compensation administrative fund.
- ◆ Governor Granholm appointed William Baillargeon and David Merwin to serve as magistrates in January 2007. Mr. Baillargeon left the Board shortly after to take a Circuit Court position in Allegan County.

What to look for in 2008

- ◆ The WCA is working with a number of carriers that are interested in submitting their Proof of Coverage information electronically. The state's largest insurer, Accident Fund Insurance Company of America, will be moving into production in two phases, with the first being implemented at the end of March and the second sometime in the third quarter of this year.
- ◆ Continued work on the promulgation of rules surrounding vocational rehabilitation to help streamline the vocational rehabilitation process.
- ◆ Appointments of magistrates to fill vacancies on the Workers' Compensation Board of Magistrates.
- ◆ "CompCollege 08" annual education program, for the mediators, members of the Board of Magistrates and the Appellate Commission.
- ◆ Director Jack Nolish has been asked to serve on the Interagency Task Force on Employee Misclassification. This group is charged with examining and evaluating existing employee misclassification enforcement mechanisms in Michigan and other jurisdictions, making recommendations for more effective enforcement mechanisms, and exploring related information sharing among Task Force members and others.

Organization Chart



How to Contact Us

The agency is located at:

Michigan Dept. of Labor & Economic Growth
Workers' Compensation Agency
7150 Harris Drive
P.O. Box 30016
Lansing, Michigan 48909

Telephone (toll free): 888-396-5041

Website address: www.michigan.gov/wca

Office Locations

LOCATION	ADDRESS	Telephone #
Detroit	Cadillac Place, Ste. 3-700 3026 West Grand Blvd P.O. Box 02989, 48226	(313) 456-3650
Escanaba	State Office Building 305 Ludington, 49829	(906) 786-2081
Flint	Bristol West Center, Ste. 110 G-1388 W. Bristol Rd., 48507	(810) 760-2618
Grand Rapids	2942 Fuller Street NE, 49505	(616) 447-2680
Kalamazoo	940 N. 10 th Street, 49009	(269) 544-4440
Lansing	General Office Building 7150 Harris Drive, Lansing P.O. Box 30016, 48909	(517) 636-4717
Mt. Clemens	Clemens Center 32 Market Street, 48043	(586) 463-6577
Pontiac	28 N. Saginaw, NBD Building Suite 1310, 48342	(248) 334-2497
Saginaw	State Office Building 411-K E. Genesee, 48607	(989) 758-1768

Administration

The mission of the Workers' Compensation Agency is to efficiently administer the Workers' Disability Compensation Act of Michigan, which includes carrier and employer compliance, timely benefit payments and the prompt and fair adjudication of claims involving Michigan's injured workers.

Goals:

- ◆ Ensure that employees that have suffered a work-related injury or occupational disease are provided correct wage loss replacement, medical and vocational rehabilitation services during periods of incapacity, and that these benefits are paid timely and accurately.
- ◆ Provide leadership to carry out a legislative agenda for more efficient regulation and delivery of workers' compensation benefits.
- ◆ Provide an informal and formal dispute resolution process for employers, insurance carriers, injured workers, and health care providers.
- ◆ Monitor medical care providers' compliance with the agency's Health Care Services Rules (cost containment fees) to ensure that the cost of providing health care services remains reasonable and that injured workers have access to quality health care statewide.
- ◆ Monitor the financial position of all individual and group self-insureds to ensure their ability to meet future payment of benefits on a timely basis.
- ◆ Maintain a historical insurance coverage record system for the more than 200,000 employers subject to the Workers' Disability Compensation Act.
- ◆ Monitor and enforce employers' compliance with the requirements for insurance coverage.
- ◆ Ensure carrier and employee rights to benefits or reimbursement, within Chapter 5-Funds of the Workers' Disability Compensation Act, are determined and paid in a timely and accurate manner.

The Workers' Compensation Agency has a website which contains a variety of information about the agency, the Board of Magistrates and the Workers' Compensation Appellate Commission. The address is www.michigan.gov/wca.

Claims Processing

The Claims Processing Division maintains a current and historical claims/case records system. Its objective is to ensure that employees that have suffered work related injuries are provided correct wage loss replacement and that both voluntary claims and litigated cases are processed in a timely manner.

This division performs a wide variety of functions relating to workers' compensation claims. The program is broken down into six major sections:

- ◆ ***Compensation Supplement Fund.*** The Compensation Supplement Fund was established to provide a cost-of-living adjustment to workers who were injured between 9/1/65 and 12/31/79. The staff reviews and processes all applications for reimbursement, which are submitted by carriers on a quarterly basis. In 2007, the Compensation Supplement Fund reimbursed 2,456 claims, including \$721,254.08 in payments and \$3,895,962.50 in Single Business Tax Credits, for a total of \$4,617,216.58. The section is also responsible for collecting and auditing all redemption fees. In 2007, we collected \$1,789,600.00 in Redemption Fees.
- ◆ ***Contested Case.*** The Contested Case staff screens and data enters all applications for mediation or hearing, creates case files, and schedules and mails out notices for the initial magistrate pre-trial or mediation hearing. The staff also handles all mail related to litigated cases and data enters and mails orders.

In 2007, the staff processed over 24,708 applications for mediation or hearing; 36,732 pieces of correspondence, including Carrier's Response and Claim for Review forms; and 16,699 magistrate and mediator dispositive orders. In addition, the staff responded to 1,165 subpoenas and 1,910 requests for copies/subpoenas of our records.

- ◆ ***Customer Service/Vocational Rehabilitation.*** The Customer Service Section is responsible for answering general claims questions received on the agency's toll free telephone line, and assisting customers by responding to general correspondence and other inquiries. The section is responsible for efficiently handling all first level Health Care Service Rule hearings via teleconference, and resolved 4,019 cases in 2007. The staff also investigates allegations of violations of the Act in accordance with R408.35 (Rule 5). In addition, the staff is responsible for ensuring that customers promptly receive any forms that are requested. In 2007, the agency received approximately 25, 000 calls via the toll-free line.

This section is also responsible for ensuring that employers provide vocational rehabilitation services according to the provisions of the Act and that the injured employees accept such services. The VR staff provides information and assistance to all parties, approves and monitors

rehabilitation facilities, oversees ongoing rehabilitation programs, conducts periodic training seminars, and facilitates VR advisory committee meetings. The staff also conducts first level vocational rehabilitation hearings on behalf of the director, handling 50% of the cases at the first level. In addition, the VR staff coordinates the 2nd level hearing process.

- ◆ **Data Management.** The Data Management section is responsible for reviewing, evaluating and data entering all claims forms required by the statute. The staff also manually audits all opinions, orders and voluntary pay agreements as well as certain forms that cannot be audited by the system. In addition, this section is responsible for microfilming all agency mail. In 2007, the staff data entered 141,343 claims forms.
- ◆ **File Maintenance.** The File Maintenance staff prepares all agency mail for microfilming (which includes automatic date stamping). The preparation includes opening, sorting, screening, and matching agency forms and correspondence. In 2007, the section processed 571,797 forms and correspondence relating to claim, case and insurance records. This section is also responsible for housing and maintaining workers' compensation cases that are in open payment status. In addition, the staff prepares closed files for Records Center and recalls them when necessary. In 2007, approximately 23,000 claims/cases were retired.
- ◆ **Systems Support.** The Systems Support staff is responsible for overseeing the agency's automated system, including scheduling of all mainframe jobs, creating and running all ad hoc reports, identifying and working with the programmers to fix all system problems, and designing and developing new applications. The staff spent all of 2007 working on restoring critical data that was lost on our automated system in April of 2005. All pertinent information was recovered from our pending contested cases, and approximately 17,000 backlogged claims forms were entered. Staff is now working on the claims that are being paid voluntarily, and this effort is expected to continue throughout most of 2008.

Mediation

The purpose of mediation is to resolve cases between employers and employees in an informal setting. Intervention of a mediator in a claim before it becomes a formal dispute could resolve claims short of costly litigation. These individuals are available to answer questions and try to assist workers, employers, insurance carriers, and health care providers in resolving problems without the necessity of going through the formal litigation process.

Mediation conferences are held by two methods: in person or by teleconference. Conferences held by mediators include:

- ◆ *Statutory Mediation.* Section 223 of the statute provides for mediation in specific cases being disputed. They are: all applications for hearing filed by an injured employee without an attorney, all medical only disputes, all closed periods of disability being alleged and any other disputes that the agency believes would be assisted by mediation.
- ◆ *Vocational Rehabilitation Director Hearings.* Disputes concerning the proper course of vocational rehabilitation are first submitted to the agency director. The director then refers the dispute to one of his representatives to conduct a vocational rehabilitation hearing. The goal of the vocational rehabilitation hearing is to facilitate a voluntary agreement between the parties regarding the appropriate course of vocational rehabilitation for the injured worker. If the parties cannot reach an agreement, an order can be entered specifying the appropriate vocational rehabilitation plan.
- ◆ *Magistrate Referral Mediation.* These are cases on the magistrates' dockets that they believe mediation would be helpful in resolving the disputed claim. If the matter is not resolved before the mediator, then the claim goes back before the assigned magistrate for a hearing and decision.

Compliance and Employer Records

The Compliance and Employer Records Division works to ensure that all employers subject to the Michigan Workers' Disability Compensation Act have complied with the requirements by securing workers' compensation coverage either through a policy of insurance or through approved self-insured authority.

The division maintains the current and historical record system for over 240,000 employers. This includes coverage records on self-insurers, employers with insurance, and employers who have excluded themselves from the Act. In addition, this division has the responsibility to enforce employers' compliance with insurance requirements of the statute.

The major objectives of this program are:

- ◆ To keep an accurate insurance coverage record;
- ◆ To identify the responsible insurance carriers for employers listed on applications for mediation or hearing;
- ◆ To communicate with those employers who fail to maintain insurance coverage, using the civil process to enforce such compliance if the employer fails to comply even after being advised of the requirements of the statute by division staff.

Since 1983, workers' compensation insurance premiums in Michigan have been set in the marketplace. This means that different insurance companies charge different premiums. Research done by the insurance commissioner suggests that employers should "shop around" for the best deal on insurance. All workers' compensation insurance policies provide the same coverage. However, some cost more than others and some companies provide more services than others. Employers should shop for the best price and the most service from their workers' compensation insurance company.

In addition, the agency has been penalizing employers when they allow their workers' compensation coverage to lapse. To date, the agency has collected \$3 million in fines as a result of these lapses in coverage.

Self-Insured Programs

The Workers' Disability Compensation Act permits employers to request authority to self-insure and assume responsibility for direct payment of benefits to injured workers. The Act also permits providers of claims adjusting, underwriting and loss control services to apply and be approved by the agency to provide these services to approved self-insurers.

Two types of self-insured authority are permitted in the Act. Individual employers may be approved as self-insured or, two or more employers in the same industry can apply for group self-insured authority. Statutory requirements, administrative rules and agency policy require annual renewal applications and various monitoring and approval tasks throughout the year.

Self-Insured Programs conducts initial regulatory reviews on employer-generated self-insured applications and in the formation of group self-insured programs; provides guidance through the approval, formation, and review process; and issues decisions that detail the required security and exposure limiting devices based on statutory authority and the agency's established policy. Initial and annual regulatory reviews are also conducted on service company applications. The staff works to resolve all issues and disputes generated by self-insured employers by telephone or informal meetings and through the formal hearing process. The section also provides information to the public relevant to self-insured concepts and notifies self-insured employers and other interested parties of changes in statute, administrative rules, and departmental policy.

This division is also the final approval authority in surplus money being returned to the group membership. This process requires the review and assessment of financial statements, actuarial reports and independent claims and audit reports. Surplus return authorizations range between \$35,000,000 and \$90,000,000 annually.

Health Care Services

The Health Care Services Division performs a wide variety of functions mandated in section 418.315 of the Workers' Disability Compensation Act of 1969, as amended. These functions include; (1) Rule Development, Review and Revision, (2) Evaluation, and (3) Information and Education. A brief summary that delineates the responsibilities of each category is below:

- ◆ *Rule Development, Review and Revision.* The Act and the Workers' Compensation Health Care Services Rules identify policies for coverage and reimbursement to health care providers. Health care trends and policies are researched and developed by staff and Health Care Services (HCS) Advisory Committee members in accordance with nationally recognized standards of practice and reimbursement methodologies. Practitioner reimbursement is based upon resource based relative value units (RBRVS).
- ◆ *Evaluation.* The evaluation process consists of compiling carrier data and analyzing charges, payments, health care procedures and medical diagnosis. The results of the data analysis are used to decide reimbursement levels, utilization parameters, and level of care diagnosis. Provider and carrier compliance is also monitored through the case samples and other reports provided by carriers. A carrier's professional review process is certified by staff to assure that appropriate medical review criteria are utilized according to Rule requirements. Carriers must also attest that professional review staff are licensed and certified as required by Workers' Compensation Health Care Services Rules.
- ◆ *Information and Education.* Staff responds to numerous telephone and written inquiries for information and clarification of the rules, assists in resolving differences between a carrier and a provider, meets with provider, carrier and employee organizations, professional review companies, attorneys, mediators, magistrates and legislators. Staff also provides educational seminars for providers, carriers and professional review agencies regarding the application of the rules, billing procedures, carrier and provider responsibilities and rights outlined in the rules. Staff also participates on panels and programs on workers' compensation health care.

Funds Administration

The Funds Administration Division, consisting of the Second Injury Fund; Silicosis, Dust Disease and Logging Industry Compensation Fund; and the Self-Insurers' Security Fund is managed by a board of three trustees. Two trustees are appointed by the Governor with the advice and consent of the Senate. One represents employers authorized to act as self-insurers in Michigan and the second represents the insurance industry. The third trustee is the director of the Workers' Compensation Agency.

Responsibilities of the Funds Administration are defined within the Workers' Disability Compensation Act. The applicable sections of the Act are 351, 356(1), 361(3), 372, and 862. The applicable chapters of the Act are 5 and 9.

The Funds Administration is funded 100% by insurers who write workers' compensation policies in the State of Michigan, and employers who self-insure their workers' compensation risks. These assessments cover all benefits paid by the Funds Administration, and all administrative costs.

The Funds Administration handled approximately 2,413 cases during 2007. At the close of the calendar year, the Funds Administration had 2,407 open files. The total expenditures for the Funds Administration during 2007 were \$27,268,572. Benefit payments were \$22,676,222, and administrative costs including the costs of litigation equaled \$4,592,350. Complete fiscal and calendar year accounting may be obtained from the Funds Administration office. Detailed information regarding the Funds Administration Division can be found in the Funds Administration Overview located on the Workers' Compensation Agency's web site at www.michigan.gov/wca.

The Medical Benefit Reimbursement Provision [MCL 418.862(2)] is also administered by the Funds Administration. The funds for this provision, however, come through the State of Michigan General Fund.

Board of Magistrates

Section 213 of Public Act 103 of 1985 authorizes the Workers' Compensation Board of Magistrates. By statute, the Board of Magistrates originally consisted of 30 members that are appointed by the Governor and confirmed by the Senate, and responsible for hearing and deciding contested cases filed after March 31, 1986. The number of magistrates was reduced to 26 by the December 2003 Executive Reorganization Order 2003-1. Each magistrate must be a licensed attorney in Michigan, and either pass an exam or have five years of experience in workers' compensation. A magistrate cannot be reappointed after serving a total of 12 years.

Magistrates decide claims at the formal hearing level of the contested claims process of the workers' compensation system. All resolutions require a formal written order or opinion with findings of fact and conclusions of law. Parties to a decision may stipulate to modify or correct a decision within 30 days. Additionally, the board is responsible for hearing any dispute meeting the requirements for the Small Claims Division established under Section 841 of Public Act 103 of 1985. The magistrates must also approve the settlement of Workers' Compensation claims by conducting Redemption hearings.

In January 2007, Governor Granholm appointed William Baillargeon and David Merwin to the Board of Magistrates. Both were assigned to the Kalamazoo hearings office.

The annual two-day educational program, "CompCollege 07" scheduled for May, for workers' compensation magistrates, appellate commissioners, and mediators, was canceled in light of the Governor's fiscal austerity measures embodied in Executive Directives 2007-3 and 12, imposing moratoriums on employee travel and training. Instead, when a new budget was in place, a one-day training for magistrates was held in Lansing in November. The magistrates engaged in a discussion of a wide range of topics that impact their dockets and the decision making process.

Appellate Commission

The Workers' Compensation Appellate Commission (Commission) is a body of five attorneys, seated by the Governor with advice and consent of the Senate to serve 4-year terms (3-term limit). The Worker's Disability Compensation Act (Act) MCL 418.101 et seq.; provides general policies for administration, gives the chairperson appointing and work assignment authority, grants rule-making authority to the Commission as a body, sets out the scope of review, and provides procedures for employers, employees, insurance carriers, and attorneys seeking review of a hearing officer's decision. The primary legal basis for the Commission is found in §274 and §861 of the Act.

In January of 2007, Martha M. Glaser served as chairperson, with appointed Commissioners Donna J. Grit, Gregory A. Przybylo, Granner S. Ries and Rodger G. Will.

By providing expeditious, impartial and judicial review of contested claims for workers' compensation benefits, the Commission serves to minimize undue monetary suffering of employees and reduce costs to employers in the state of Michigan. Created as an independent body, the Commission has the power and authority to review decisions written and issued by the Workers' Compensation Agency and the Board of Magistrates regarding benefits for work-related disabilities and related issues. The Commission also acts as a buffer to prevent an influx of claims to the state Court of Appeals.

When decisions issued by the Workers' Compensation Agency and Board of Magistrates are disputed and appealed, the Commission's caseload is created. By law, commissioners are required to review the relevant record of a case, and are expected to publish scholarly and concise opinions that reflect relevant statutory and case law. To accomplish this, the Commission strives to promptly review cases and write dispute-resolving opinions that comply with the requirements set forth in MCL 418.861(a). Decisions on legal points provide guidance to the agency, magistrates, attorneys, employers, employees and insurance carriers regarding benefit entitlement and hearing procedures.

For administrative efficiency, the Commission utilizes administrative support staff that assist commissioners by docketing transcripts and briefs, typing and formatting draft and final opinions, and processing routine correspondence, thus ensuring excellence in the final published product, and providing top-quality customer service. The Commission's support staff includes: one executive secretary, four legal secretaries and one word processor.

The appeal process is governed in part by the Administrative Appellate Rules which the Commission has the authority to make and amend. In 2007, amendments to the rules were filed with the Secretary of State and became effective on September 18, 2007. Those amendments to the rules provided for:

1) receipt of facsimile filings until the last minute of the day rather than during business hours only; 2) limitation of correspondence from the Commission to one copy per party; 3) a rebuttable presumption that receipt of a brief by opposing counsel occurred 5 days after mailing and; 4) an order to show cause to be issued when a party fails to timely file a transcript or brief.

Commission opinions continue to be published online at:
<http://www.michigan.gov/wca>.

The average “shelf life” of case files (the time span between when a case is ready for review and when it is actually decided) continues to be approximately five months.

The Commission continues to accept electronic filings, such as, transcript extensions, brief extensions and motions.

The Commission had created and maintains a website section to post new policies and procedures.

The Commission continues to encourage Oral Arguments, having held 3 such arguments in 2007.

During 2007, the Commission received 309 new claims. Including reconsiderations and remands from higher courts the total incoming caseload was 317 for the year. The Commission published 279 opinions (242 dispositive and 37 non-dispositive). There were 59 dissenting and 35 concurring opinions written, for a total of 373 opinions written. 123 other dispositive actions were processed, consisting of 33 redemptions, 26 withdrawals and 64 orders. 231 non-dispositive orders were issued, for a total production of 727 dispositions.

The caseload is tracked to document the number of perfected appeals (all required transcripts and briefs have been filed). At the beginning of 2007 there were a total of 158 perfected appeals. At the 2007 year-end, the number of perfected appeals decreased to 92.

The Commission was affected somewhat by the informational system meltdown which occurred in April of 2005. Statistics continue to be produced manually, but now are able to be published on a monthly basis.

Qualifications Advisory Committee (QAC)

The Qualifications Advisory Committee (QAC) consists of 10 individuals appointed by the Governor to oversee the appointment process for the Workers' Compensation Board of Magistrates and Appellate Commission. Its duties include recommending candidates to the Governor for the board and commission, evaluating the performance of individuals appointed to those positions, and reviewing caseloads and making recommendations to the Governor concerning reductions or increases in the number of magistrates and appellate commissioners. The QAC members are appointed for four-year terms and serve at the pleasure of the Governor.

During 2007, the QAC was chaired by Marya Sieminski. Members Libby Child, Sherisse Fiorvento, Diane Kwitoski, Regina Meo, David Radtke, Jeffery Stuckey, Cynthia Westerhof, and Richard Zapala served the entire year, with Carlos Bermudez being appointed to the committee in July.

The Qualifications Advisory Committee met two times during 2007. They interviewed nine applicants for the Appellate Commission and one incumbent commissioner. They also reviewed and evaluated the work performance of two appellate commissioners and nine magistrates.

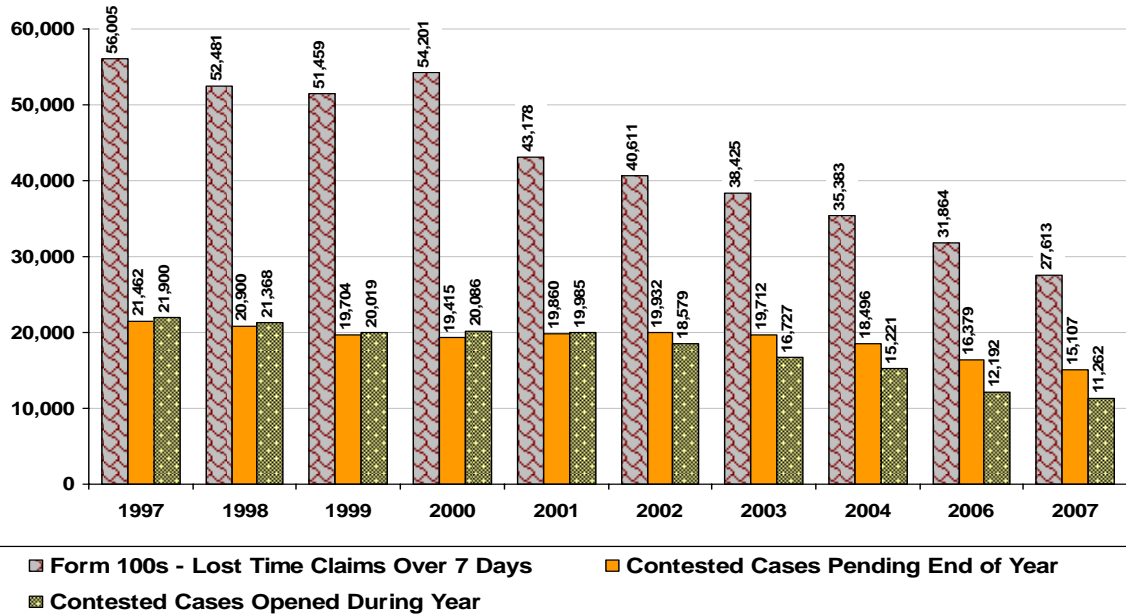
Statistics & Charts

State Average Weekly Wage & Maximum Benefit Amounts

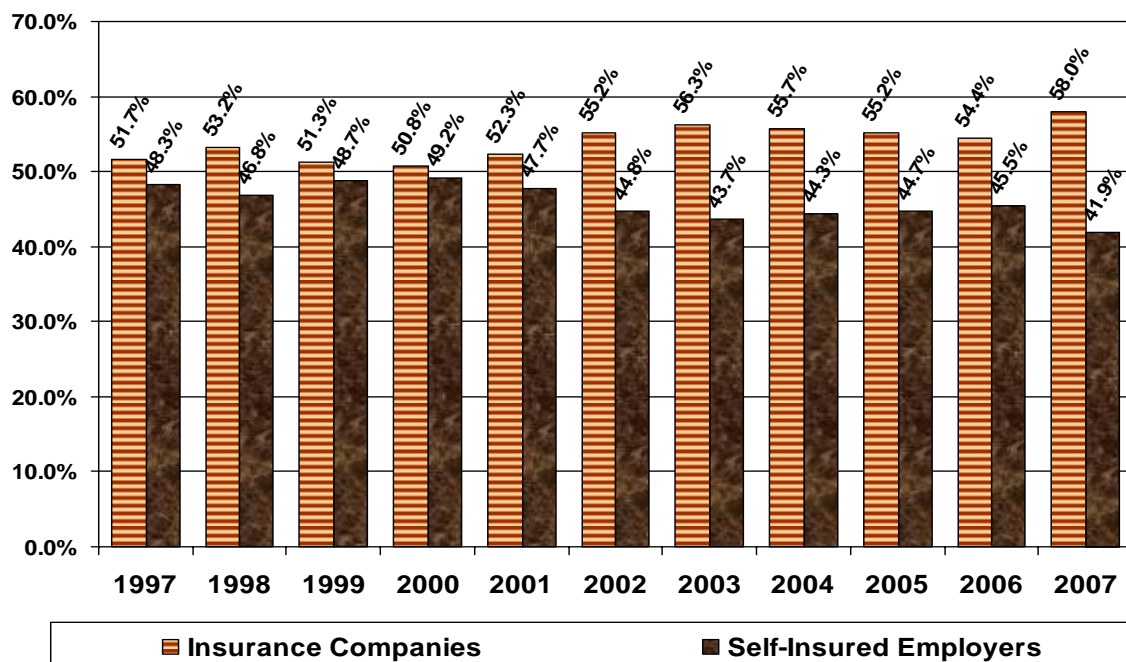
Year	SAWW	90% of SAWW (Maximum)	2/3 of SAWW*	50% of SAWW (Minimum Benefit for Death Cases)	25% of SAWW (Minimum Benefit for Specific Loss and T&P)
2008	\$820.04	\$739.00	\$546.69	\$410.02	\$205.01
2007	\$803.17	\$723.00	\$535.45	\$401.59	\$200.79
2006	\$784.31	\$706.00	\$522.87	\$392.16	\$196.08
2005	\$765.12	\$689.00	\$510.08	\$382.56	\$191.28
2004	\$744.49	\$671.00	\$496.33	\$372.25	\$186.12
2003	\$724.96	\$653.00	\$483.31	\$362.48	\$181.24
2002	\$715.11	\$644.00	\$476.74	\$357.56	\$178.78
2001	\$714.46	\$644.00	\$476.31	\$357.23	\$178.62
2000	\$678.23	\$611.00	\$452.15	\$339.12	\$169.56
1999	\$644.06	\$580.00	\$429.37	\$322.03	\$161.02
1998	\$614.10	\$553.00	\$409.40	\$307.05	\$153.53
1997	\$591.18	\$533.00	\$394.12	\$295.59	\$147.80
1996	\$581.39	\$524.00	\$387.59	\$290.70	\$145.35
1995	\$554.22	\$499.00	\$369.48	\$277.11	\$138.56
1994	\$527.29	\$475.00	\$351.53	\$263.65	\$131.82
1993	\$506.80	\$457.00	\$337.87	\$253.40	\$126.70
1992	\$489.01	\$441.00	\$326.01	\$244.51	\$122.25
1991	\$477.40	\$430.00	\$318.27	\$238.70	\$119.35
1990	\$474.22	\$427.00	\$316.15	\$237.11	\$118.56
1989	\$454.15	\$409.00	\$302.77	\$227.08	\$113.54
1988	\$440.77	\$397.00	\$293.85	\$220.39	\$110.19
1987	\$433.91	\$391.00	\$289.27	\$216.96	\$108.48
1986	\$414.70	\$374.00	\$276.47	\$207.35	\$103.68
1985	\$397.48	\$358.00	\$264.99	\$198.74	\$99.37
1984	\$370.65	\$334.00	\$247.10	\$185.33	\$92.66
1983	\$358.89	\$324.00	\$239.26	\$179.45	\$89.72
1982	\$340.45	\$307.00	\$226.97	\$170.23	\$85.11

- Discontinued fringe benefits may not be used to raise the weekly benefits above this amount. Attorney fees may not be based on a benefit rate higher than this amount.

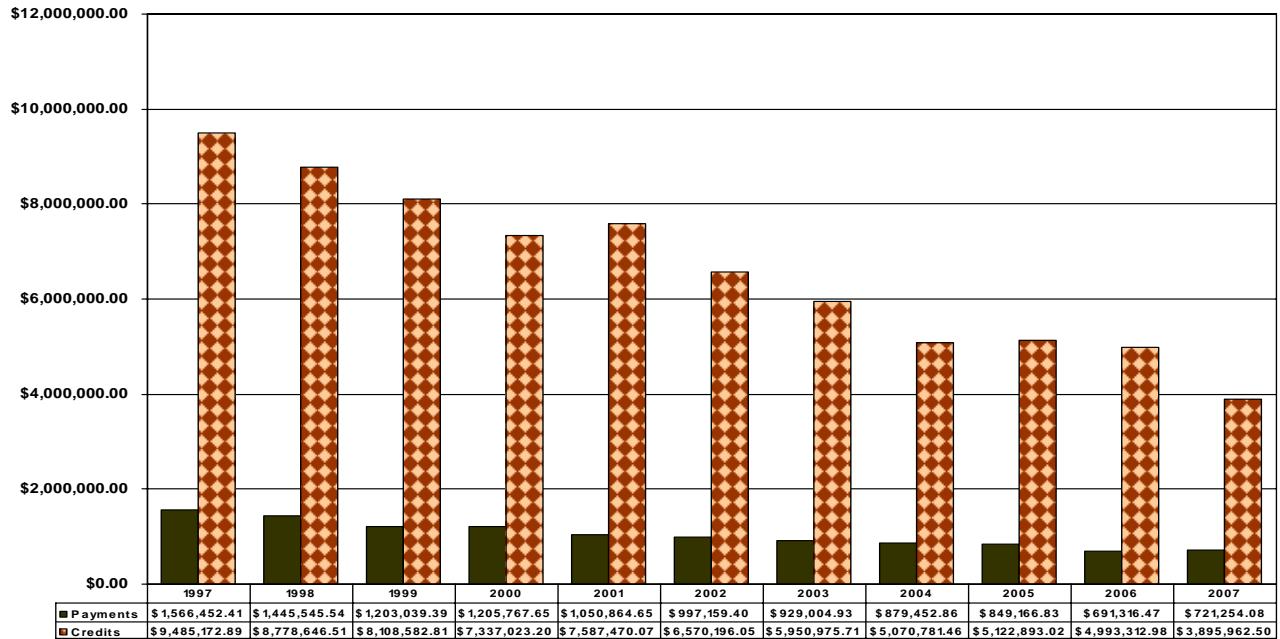
Claim/Case Trends



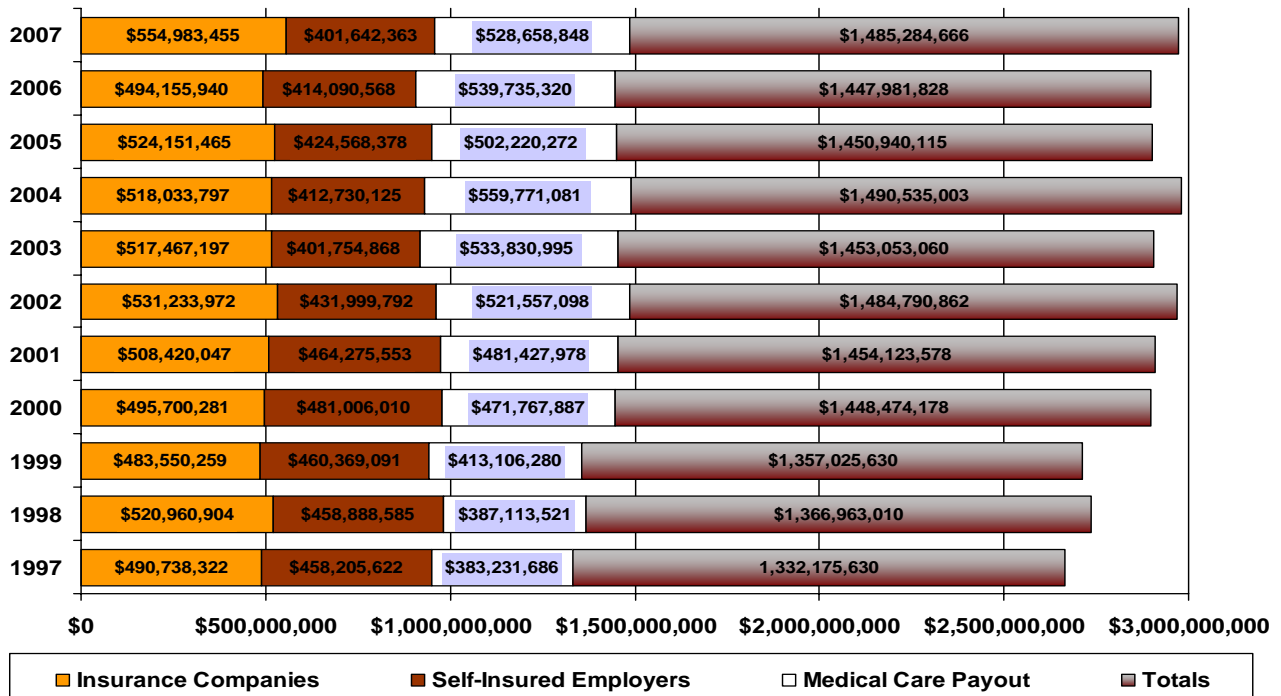
Indemnity Payments



Compensation Supplement Fund Reimbursements



Payout in Workers' Compensation Benefits and Medical Care



Magistrate Case Disposition Chart

	1997	1998	1999	2000	2001	2002	2003	2004	2005*	2006	2007
Redemptions	14,085	13,696	13,152	12,928	12,332	11,528	10,803	11,425	9,486	8,845	8,889
Opinions	1,172	1,079	916	812	817	860	769	792	702	473	453
Other Dispositions	6,329	6,282	5,863	5,689	5,868	5,839	5,707	6,103	4,405	4,297	3,866
Total Dispositions	21,586	21,057	19,931	19,429	19,017	18,227	17,279	18,320	14,593	13,615	13,208

*2005 statistics are based on a manual count corresponding to the order mailed date and may be subject to revision. The numbers should not be compared to our system-generated reports from previous and/or future years because those are based on file received dates rather than mailed dates.

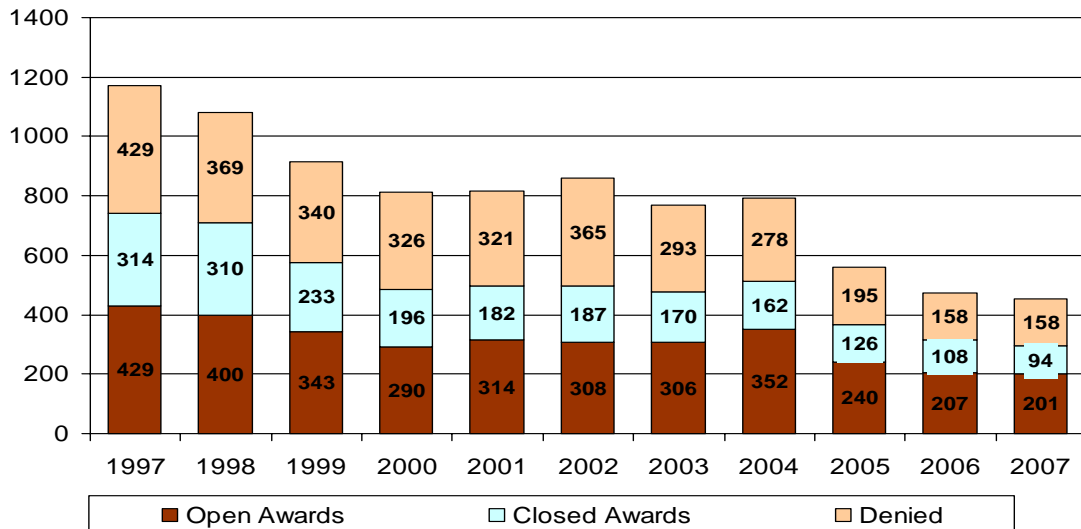
Magistrate Aged Case Distribution Chart

	1997	1998	1999	2000	2001	2002	2003	2004*	2006	2007
0 – 12 Months	12,785	12,502	11,831	12,698	12,999	13,533	12,742	11,452	9,295	8,755
13 – 18 Months	2,619	2,622	2,406	2,466	2,745	3,190	3,370	3,151	2,786	2,604
19 – 24 Months	1,104	958	947	761	823	997	1,462	1,272	1,513	1,273
Over 24 Months	650	484	408	285	160	222	418	701	1,338	1,253
Total Docket Load	17,158	16,566	15,592	16,210	16,727	17,942	17,992	16,576	14,932	13,885

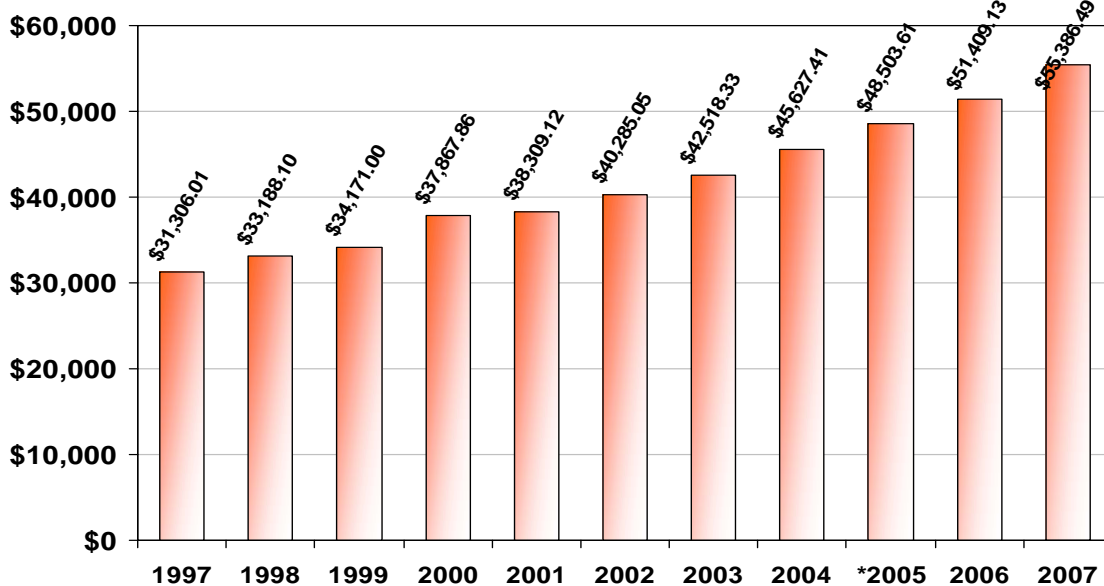
NOTE: 2005 figures not available due to system “crash.”

*** Figures revised from previous year’s reports because they did not include the cases awaiting external resolution (e.g. Medicare, Friend of the Court, pension, etc.**

Workers' Compensation Trends



Average Redemption Amounts

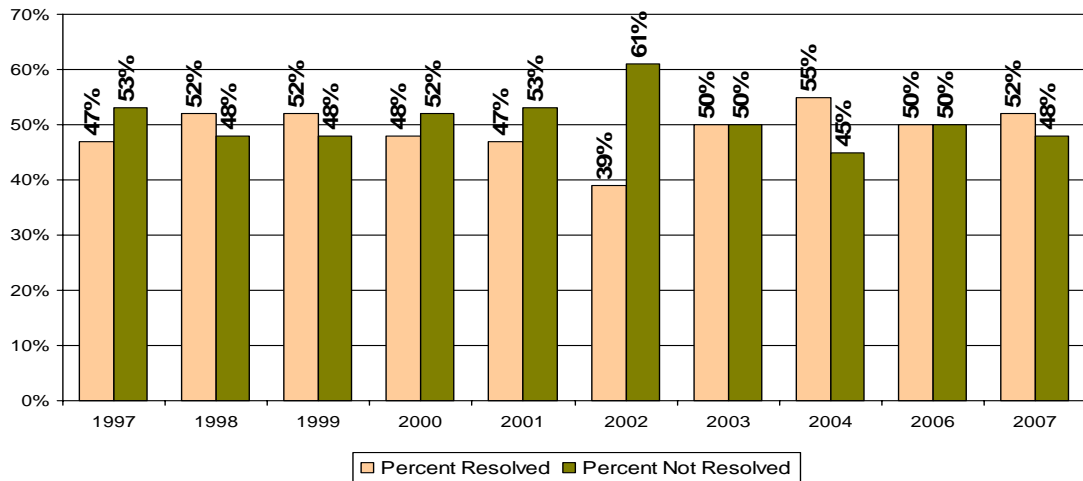


* 2005 statistics are based on a manual count corresponding to the order mailed date and may be subject to revision. The numbers should not be compared to our system-generated reports from previous and/or future years because those are based on file received dates rather than mailed dates.

Statutory Mediation Dispositions

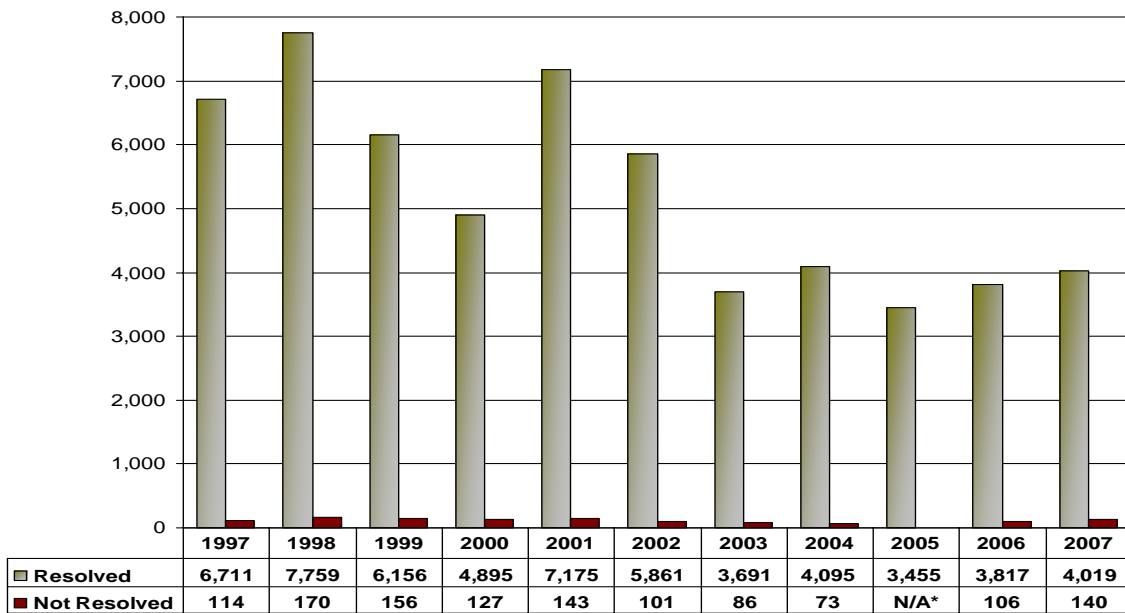
(Not including VR & Health Care Rule Hearings)

	1997	1998	1999	2000	2001	2002	2003	2004	2006	2007
Resolved	3,757	3,958	4,402	3,926	3,255	2,631	1,628	1,579	1,498	1,453
Not Resolved	4,258	3,667	4,030	4,228	3,689	4,143	1,635	1,294	1,478	1,325



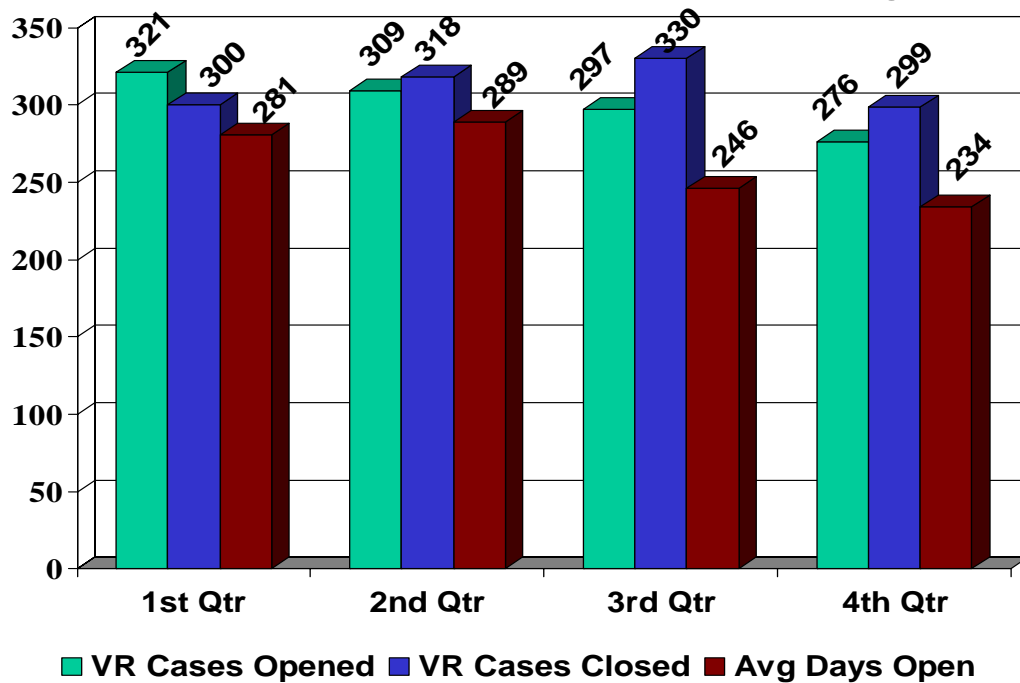
NOTE: 2005 figures not available due to system "crash."

Health Care Rule Dispositions

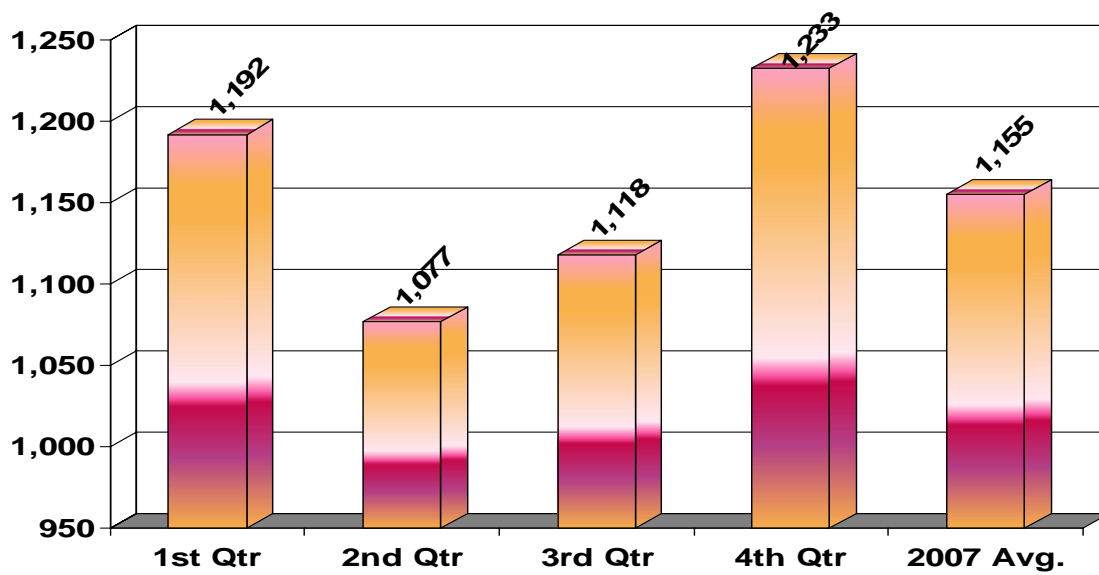


* Figure not available due to system "crash."

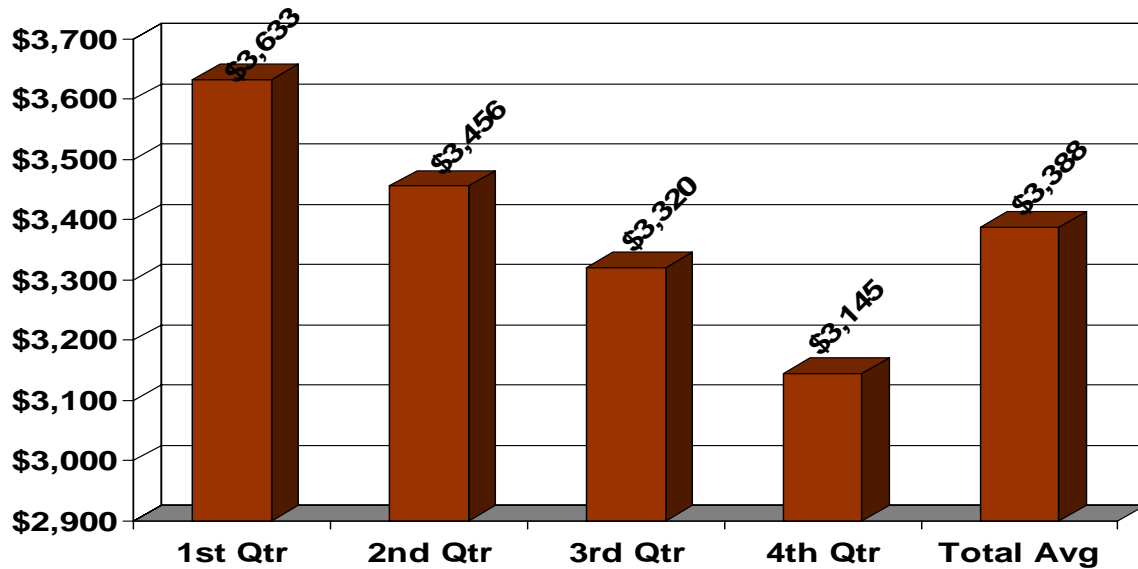
2007 VR Case Activity



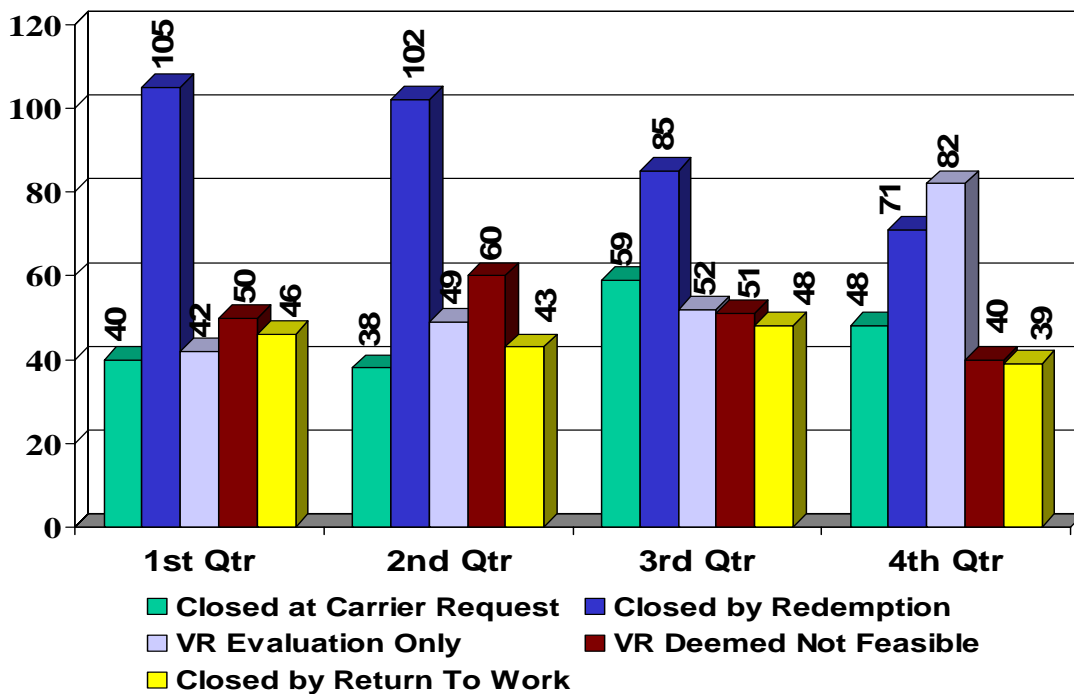
Avg Number of Days from Injury to Referral for VR Services



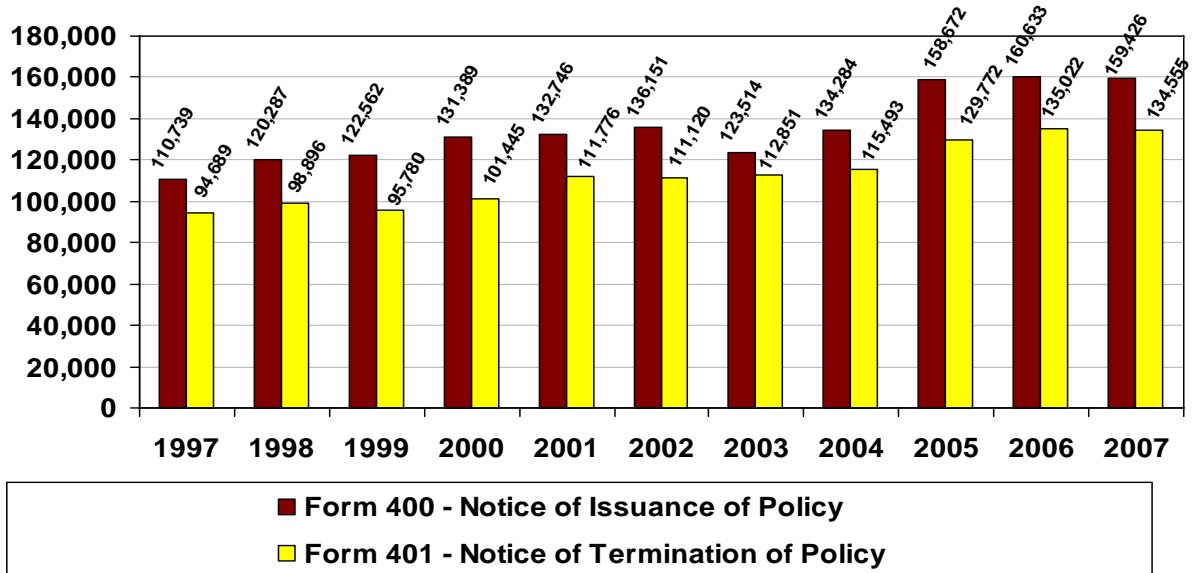
Average Cost Per VR Case



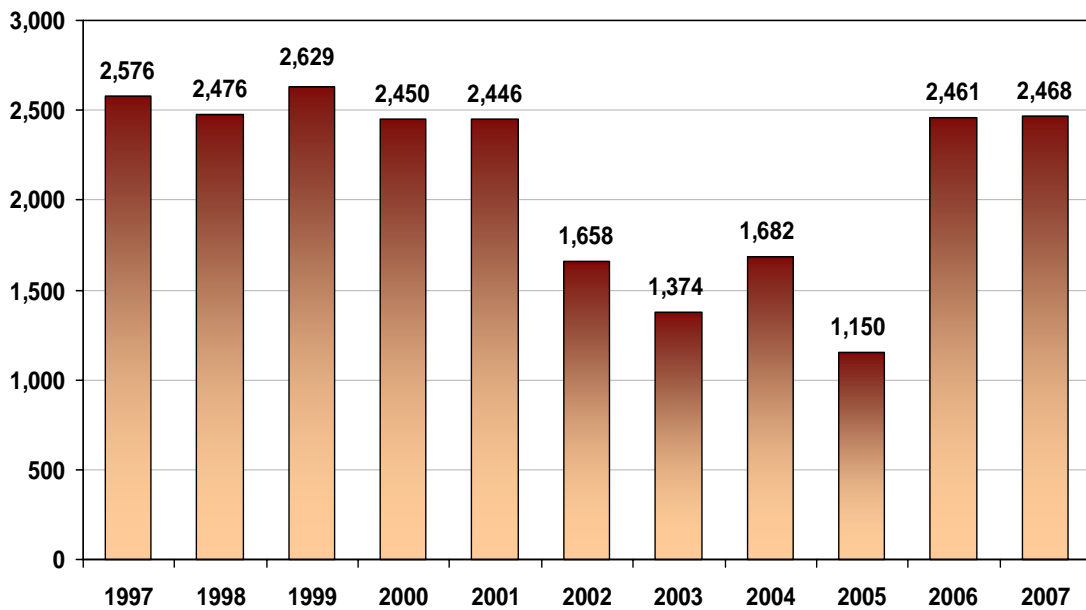
Vocational Case Closures



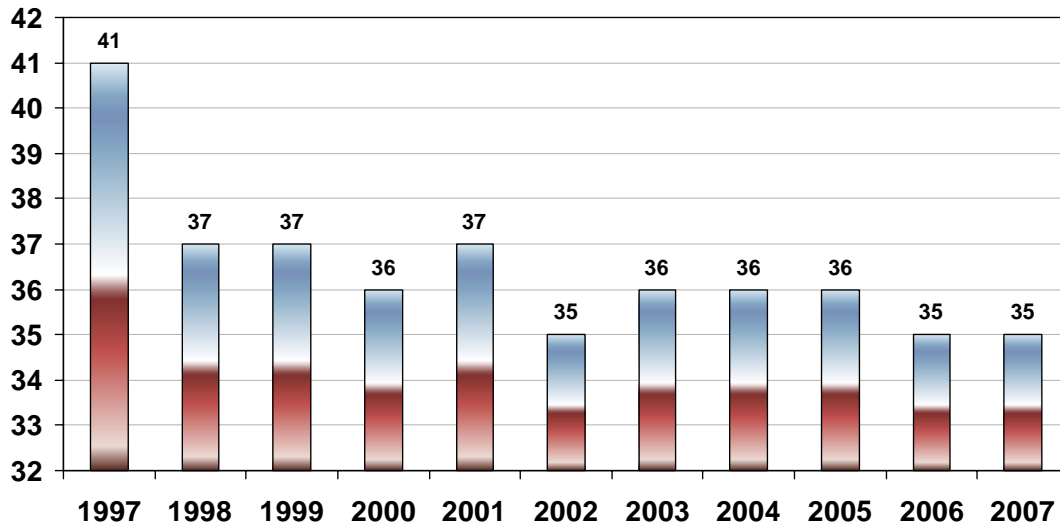
Forms 400 & 401 Received



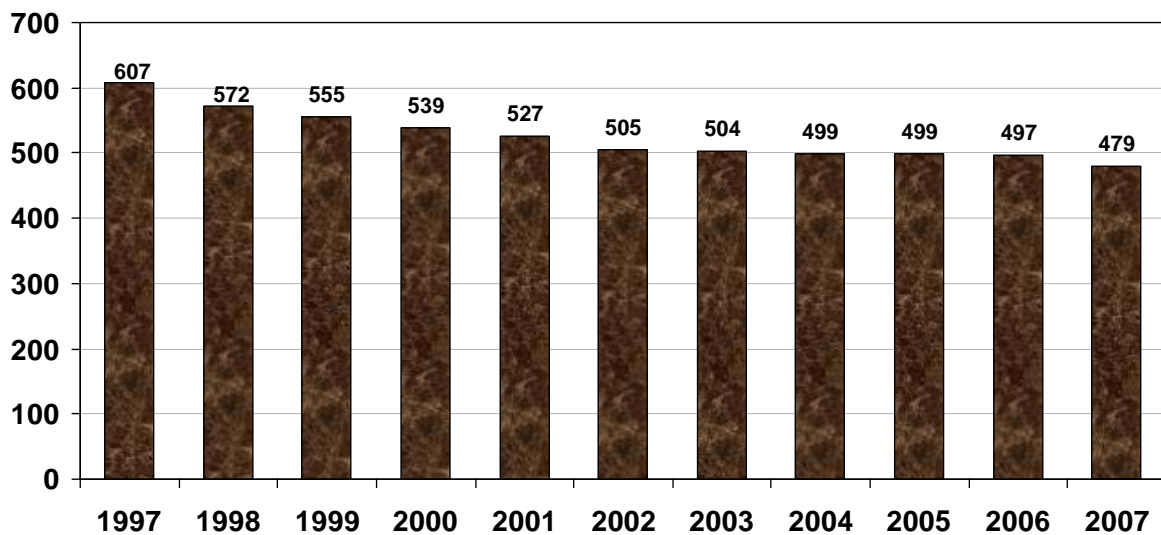
Exclusion Forms Processed



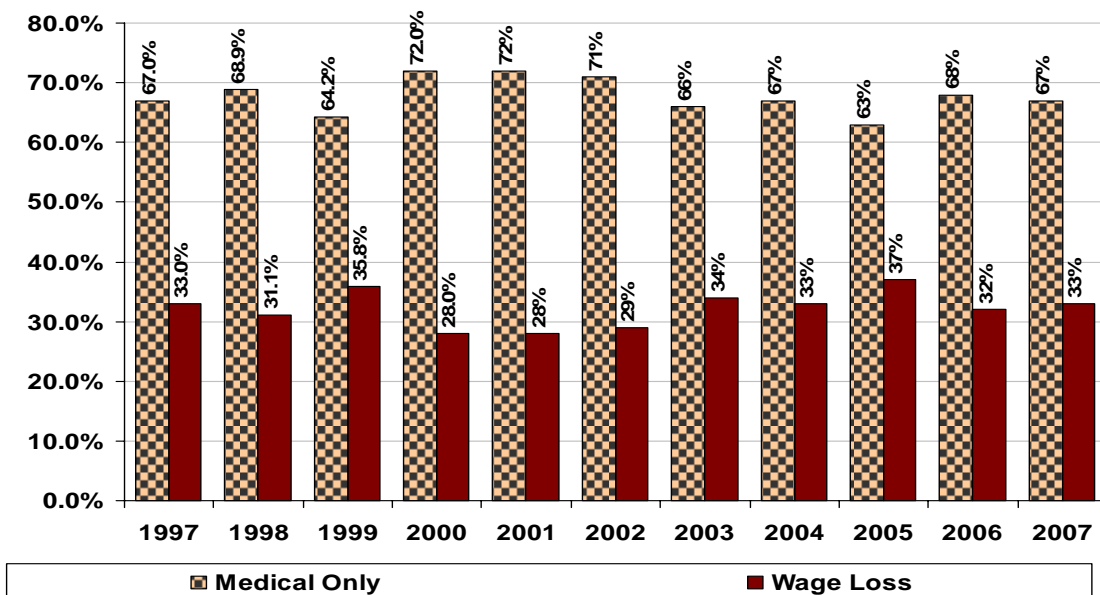
Number of Approved Self-Insured Groups



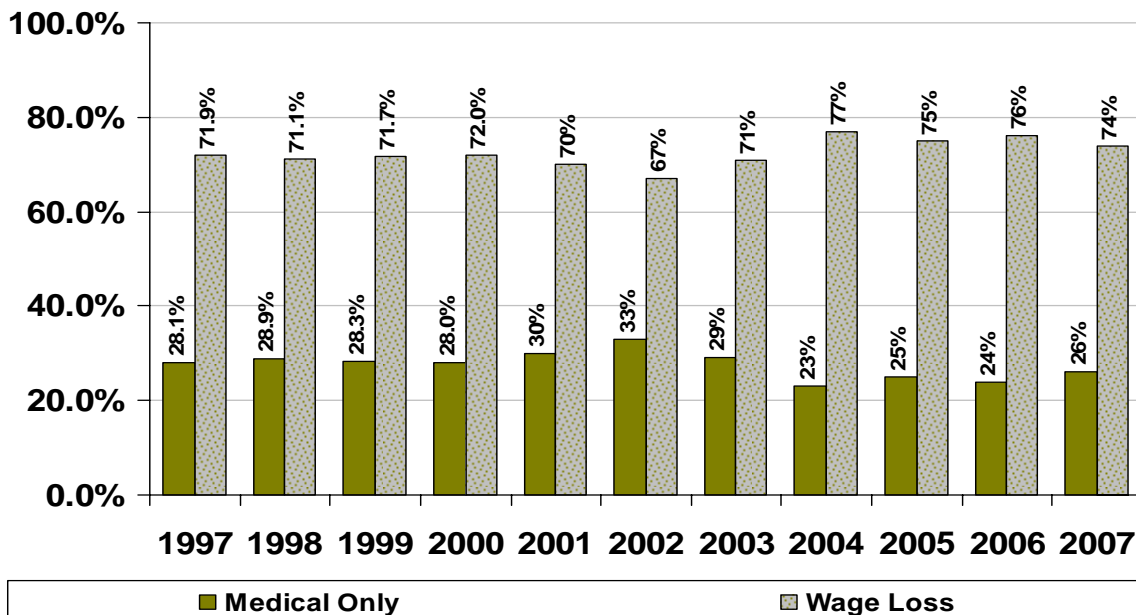
Number of Approved Individual Self-Insured Employers



Workers' Comp Cases - By Case Type



Health Care Costs - Percent Paid Per Case Type

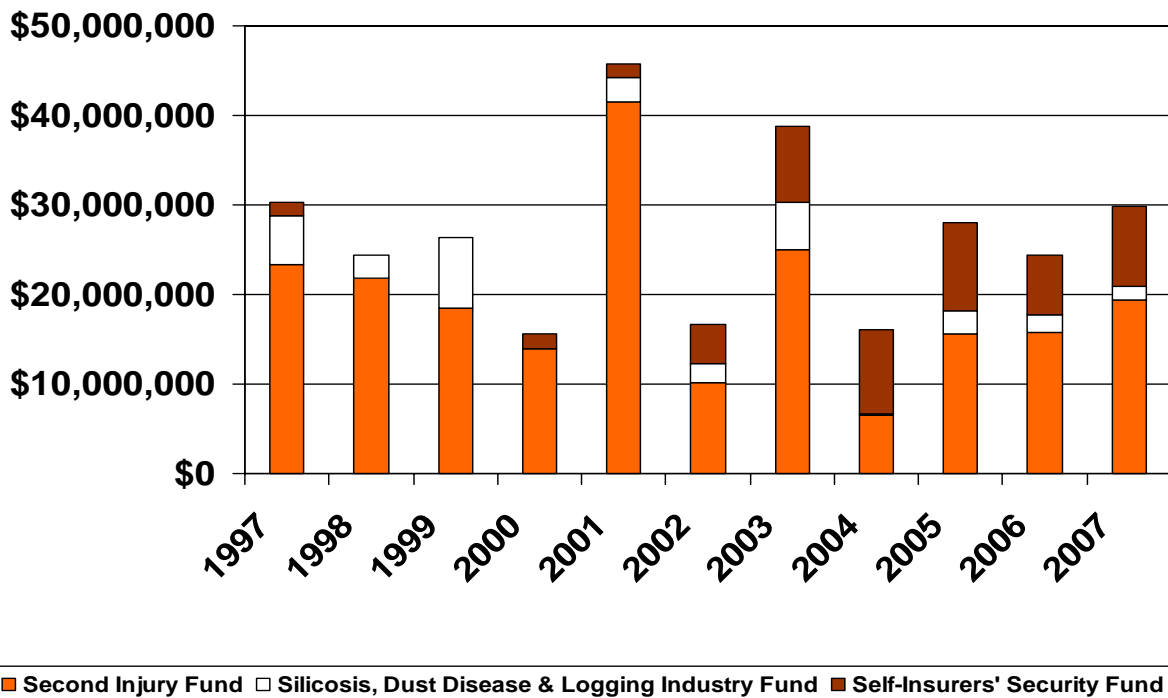


WORKERS' COMPENSATION AGENCY ANNUAL HEALTH CARE COSTS 2002-2007

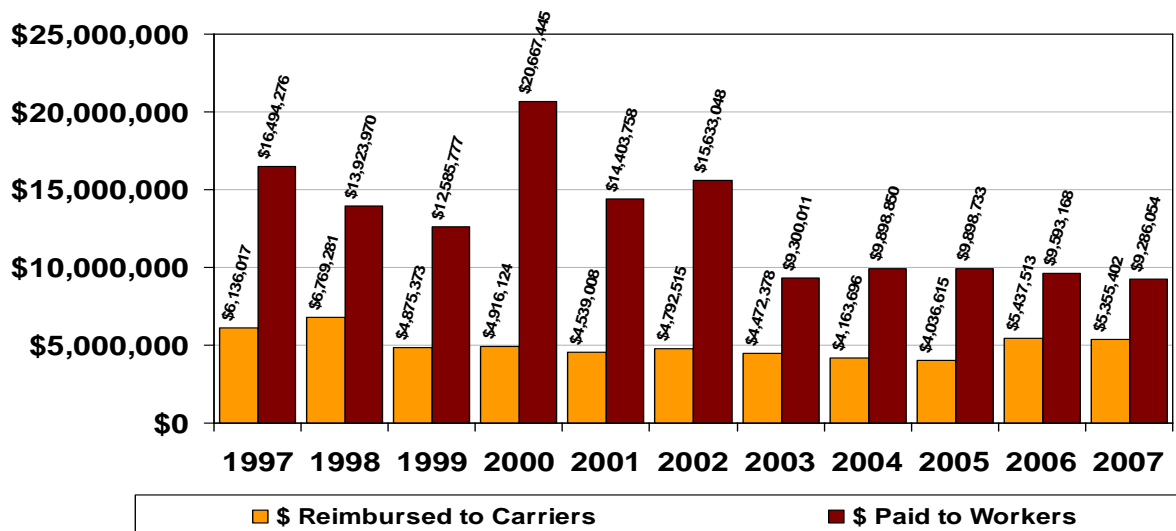
TYPE OF CASE	JAN-DEC 2002	JAN-DEC 2003	JAN-DEC 2004	JAN-DEC 2005	JAN-DEC 2006	JAN-DEC 2007
Medical Only						
Number of Cases	262,980	228,540	230,198	229,711	202,826	184,652
Amount Paid	\$172,959,266	\$155,305,063	\$129,441,688	\$124,461,364	\$132,170,897	\$136,657,539
Cost/Case	\$658	\$680	\$562	\$542	\$652	\$740
Wage Loss						
Number of Cases	104,883	120,010	113,913	135,748	94,403	90,205
Amount Paid	\$348,597,832	\$378,525,932	\$430,329,393	\$377,758,909	\$407,564,424	\$392,001,309
Cost/Case	\$3,324	\$3,154	\$3,778	\$2,783	\$4,317	\$4,346
TOTAL						
Number of Cases	367,863	348,550	344,111	364,984	296,964	274,857
Amount Paid	\$521,557,098	\$533,830,995	\$559,771,081	\$502,220,272	\$539,735,320	\$528,658,848
Cost/Case	\$1,418	\$1,532	\$1,627	\$1,376	\$1,818	\$1,923
% Of Total Cases-Med Only	71%	66%	67%	63%	68%	67%
% Of Total Cases-Wage Loss	29%	34%	33%	37%	32%	33%
% Of Total Cost-Med Only	33%	29%	23%	25%	24%	26%
% Of Total Costs-Wage Loss	67%	71%	77%	75%	76%	74%

FIGURES REPRESENT PAYMENTS MADE IN ANY GIVEN ANNUAL REPORT PERIOD

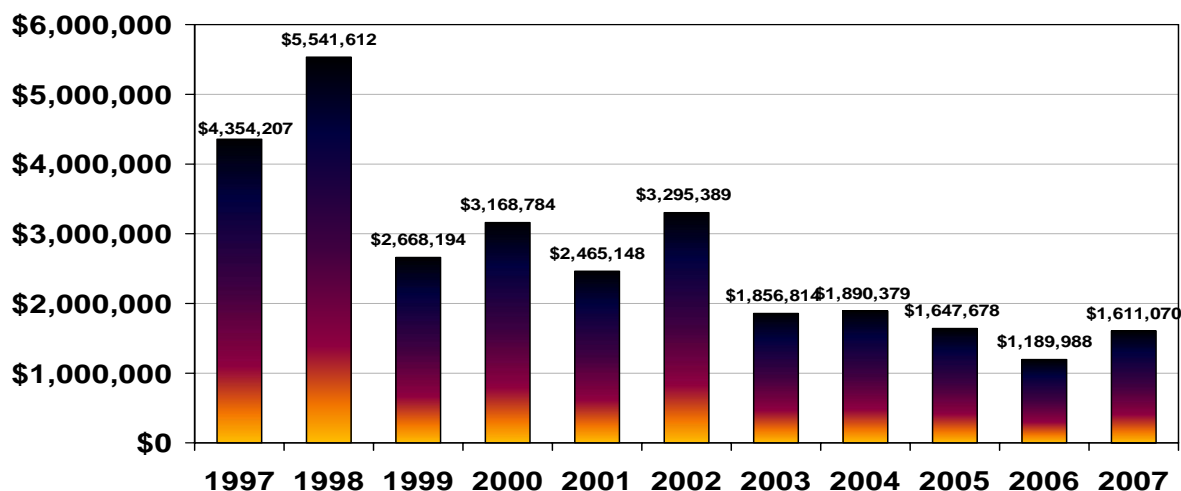
Funds Administration Assessments



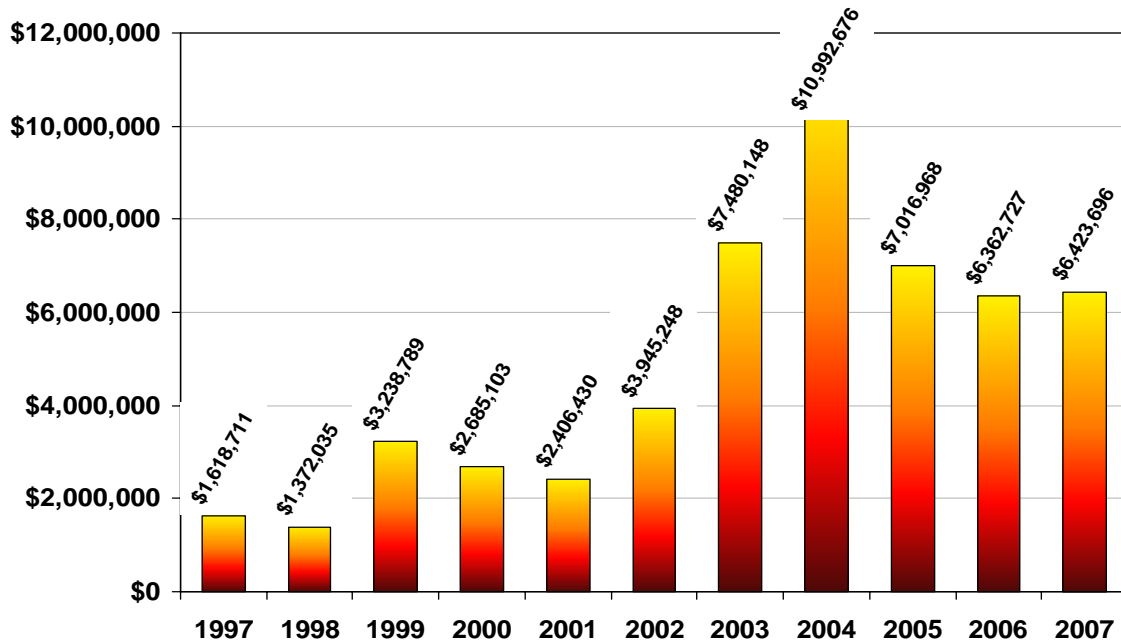
Benefits Paid Out by Second Injury Fund



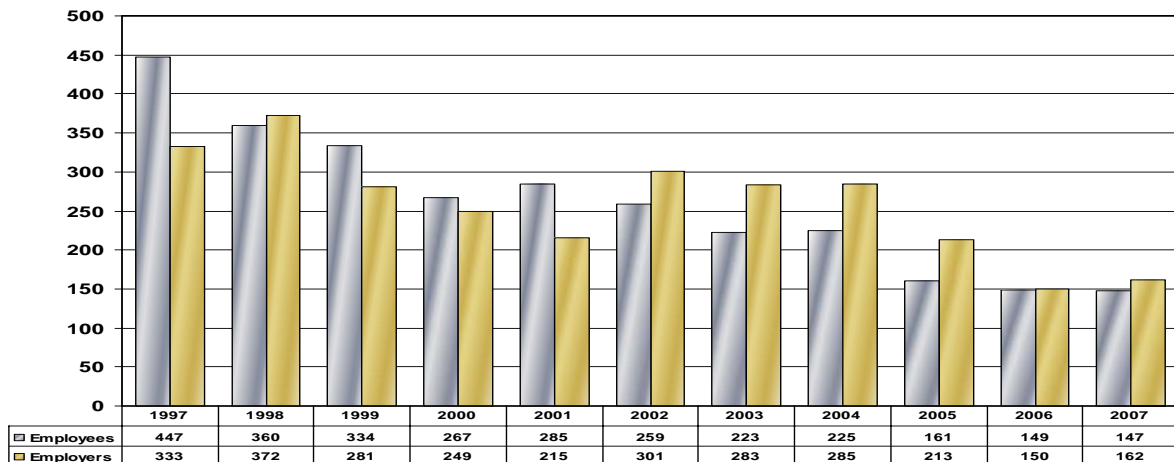
Benefits Reimbursed to Carriers and Redemptions by the Silicosis, Dust Disease and Logging Industry Compensation Fund



Benefits Paid to Workers by the Self-Insurers' Security Fund



Worker's Compensation Appellate Commission New Claims Filed by Employees/Employers

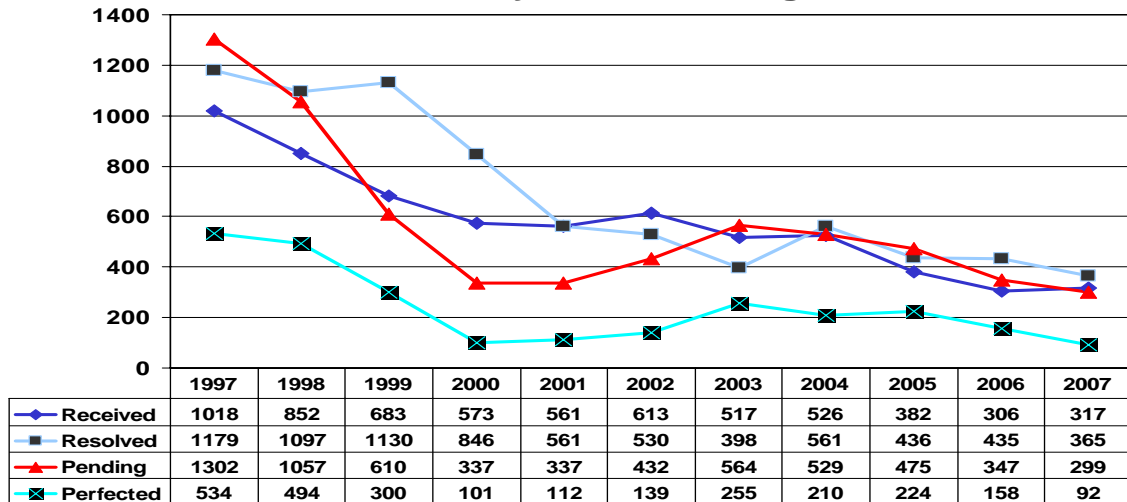


New Claims Filed by Employees/Employers

The number of claims filed by employees and employers is represented in this illustration. The total number of claims received in 2007 versus 2006 has increased by 10. The number of employee claims received decreased by 2, however, the number of employer claims received increased by 12.

In the 11 year span depicted above, employee claims peaked in 1997 with 447 claims being filed, with an overall low in 2007 of 147 claims, for a decrease of 67%. Receipt of employer claims peaked in 1998 with 372 claims being filed, with an overall low in 2006 of 150, for a decrease of 59.7%.

Workers' Compensation Appellate Commission Claim Activity: 1997 through 2007



Received: Includes all new claims filed with the Commission as well as reinstatements and remands from the Michigan Court of Appeals and the Michigan Supreme Court.

Resolved: Includes all dispositive opinions, orders, redemptions and withdrawals.

Pending: This figure includes all pending appeals before the Commission at the end of 2007, including active appeals (claims received prior to 2007 and new claims received in 2007), higher court reinstatements, remanded cases where the Commission retained jurisdiction.

Perfected: All cases ready for review pending before the Commission (all required transcripts and briefs have been filed) awaiting disposition.

Publications

Publication	Printed Copies Available from Agency	Information Available on Website
Workers' Disability Compensation Act	X	X
Administrative Rules	X	X
1997 – 2007 Annual Reports	X	X
1996 and Prior Year Annual Reports	X	
Overview of Workers' Compensation in Michigan	X	X
A Summary of Your Rights and Responsibilities Under Workers' Disability Compensation (Pamphlet)	X	X
Coverage Questions for Subcontractors, General Contractors, and Independent Contractors	X	X
Vocational Rehabilitation for Injured Workers (Pamphlet)	X	X
Approved Vocational Rehabilitation Facilities	X	X
Health Care Services Rules Order Form	X	X
2008 Weekly Benefit Rate Book		X
Calculation Program	X	X
Individual Self-Insured Employer List	X	X
Self-Insured Group List	X	X
Service Company List	X	X
Workers' Compensation Appellate Commission Opinions	X	X
Michigan Workers' Compensation Forms	X	Most forms
Funds Administration Overview	X	X
Website address: www.michigan.gov/wca Request forms at: 888-396-5041		